

Audit Report

My Health My Resources Concho Valley

A Local Mental Health Authority
Contracted with the Texas Health
and Human Services Commission

August 27, 2024

OIG Report No. AUD-24-028



**Inspector
General**

Texas Health
and Human Services



My Health My Resources Concho Valley

A Local Mental Health Authority Contracted
with the Texas Health and Human Services Commission

Results in Brief

Why OIG Conducted This Audit

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Division (OIG Audit) conducted an audit of My Health My Resources Concho Valley (MHMR Concho Valley). At least once every five years, OIG must conduct a performance audit of each local mental health authority (LMHA) in Texas.

The Texas Health and Human Services Commission (HHSC) paid MHMR Concho Valley \$6.8 million for mental health programs and services delivered during state fiscal year 2022, which covered the period from September 1, 2021, through August 31, 2022. Of the \$6.8 million, \$5.6 million was associated with the LMHA performance contract between HHSC and MHMR Concho Valley. During state fiscal year 2022, MHMR Concho Valley reported 17,191 mental health encounters for 2,237 individuals to HHSC.

Summary of Review

The audit objective was to determine whether MHMR Concho Valley complied with selected state and contractual requirements.

The audit scope included mental health services at MHMR Concho Valley during the period from September 1, 2021, through August 31, 2022.

Conclusion

My Health My Resources Concho Valley (MHMR Concho Valley), a local mental health authority (LMHA), conducted mental health assessments with associated screenings timely, delivered services through qualified staff members, and documented each individual's progress.

However, MHMR Concho Valley did not comply with some requirements for financial assessments, recovery plans, and level of care deviations.

Key Results

MHMR Concho Valley complied with certain requirements reviewed as part of this audit. Specifically, MHMR Concho Valley:

- Conducted mental health assessments for all 59 individuals tested within required time frames for crisis situations.
- Conducted mental health assessments for routine care services for all seven individuals tested within required time frames when associated with a screening.
- Developed recovery plans for all 68 mental health assessments tested.
- Included the assessment date and signature and credentials of the qualified LMHA staff member who performed the assessment on all 80 mental health assessments for routine care services tested.

Additionally, for all 88 service notes reviewed, which were associated with one or more core services listed in the recovery plans, MHMR Concho Valley documented (a) the individual's progress or lack of progress in achieving recovery plan goals and (b) the signature and credentials of the qualified LMHA staff member that provided the service.

However, MHMR Concho Valley did not:

- Conduct or update financial assessments (a) during the audit scope for 9 of 44 individuals and (b) within required time frames for 12 of 44 individuals.

Background

To deliver mental health services in Texas, HHSC contracts with 37 LMHAs. Each LMHA:

- Supports mental health services through planning, policy development, coordination, and resource allocation and development.
- Provides adults and children with assessment, crisis, intensive, and comprehensive services in a clinically appropriate manner.
- Incorporates jail diversion strategies to reduce involvement of the criminal justice system.

MHMR Concho Valley is the LMHA for seven Texas counties: Coke, Concho, Crockett, Irion, Reagan, Sterling, and Tom Green.

Management Response

MHMR Concho Valley agreed with the audit recommendations and indicated corrective actions would be implemented by September 2024.

- Have a recovery plan in effect before providing routine care services for 3 of 68 mental health assessments.
- Include all required elements on 5 of 68 recovery plans.
- Obtain a signature from the individual receiving services on 19 of 68 recovery plans.
- Cite an allowable reason as justification for deviating 2 of 16 individuals to a lower level of care.
- Document the information it provided to 10 of 12 individuals it deviated to a lower level of care.

Additionally, MHMR Concho Valley did not document its waitlist determination dates for 2 of 19 individuals it added to the Inpatient Care Waitlist.

Recommendations

MHMR Concho Valley should:

- Strengthen its processes for conducting and updating financial assessments as required.
- Develop recovery plans before providing routine care services.
- Document all required elements on recovery plans.
- Obtain individual's signatures.
- Follow TRRUMG requirements to review and authorize level of care deviations.
- Discuss necessary information for each individual to make an informed decision and document the discussion.
- Revise its processes to include documenting its waitlist determination dates.

For more information, contact:
OIGAuditReports@hhs.texas.gov

Table of Contents

Audit Overview	1
Overall Conclusion	1
Objective and Scope	1
Key Audit Results	1
Key Program Data	4
Detailed Audit Results.....	7
Screenings and Assessments	8
Chapter 1.1: MHMR Concho Valley Complied with Certain Mental Health Assessment Requirements	12
Chapter 1.2: MHMR Concho Valley Did Not Comply with Some Financial Assessment Requirements	13
Recovery Plans	15
Chapter 2: MHMR Concho Valley Did Not Comply with Some Recovery Plan Requirements.....	16
Level of Care Deviations	19
Chapter 3: MHMR Concho Valley Did Not Follow Some Level of Care Deviation Requirements	21
The Inpatient Care Waitlist	24
Chapter 4: MHMR Concho Valley Had Support for Waitlist Determination Dates with Two Exceptions ...	25
Appendices	27
A: Objective, Scope, and Criteria	27
B: Detailed Methodology	28
C: MHMR Concho Valley at a Glance	30
D: MHMR Concho Valley Funding	32

E: HHSC Waitlists	35
F: Summary of Recommendations	36
G: Related Reports	37
H: Resources for Additional Information	38
I: Report Team and Distribution	39
J: OIG Mission, Leadership, and Contact Information	41

Audit Overview

Overall Conclusion

My Health My Resources Concho Valley (MHMR Concho Valley), a local mental health authority (LMHA), conducted mental health assessments with associated screenings timely, delivered services through qualified staff members, and documented each individual's progress.

However, MHMR Concho Valley did not comply with some requirements for financial assessments, recovery plans, and level of care deviations.

Key Audit Results

MHMR Concho Valley complied with certain requirements reviewed as part of this audit. Specifically, MHMR Concho Valley:

- Conducted mental health assessments for all 59 individuals tested within required time frames for crisis situations.
- Conducted mental health assessments for routine care services for all seven individuals tested within required time frames when associated with a screening.
- Developed recovery plans for all 68 mental health assessments tested.
- Included the assessment date and signature and credentials of the qualified LMHA staff member who performed the assessment on all 80 mental health assessments for routine care services tested.

Additionally, for all 88 service notes reviewed, which were associated with one or more core services listed in the recovery plans, MHMR Concho Valley documented (a) the individual's progress or lack of progress in achieving recovery plan goals and (b) the signature and credentials of the qualified LMHA staff member that provided the service.

Objective

The audit objective was to determine whether MHMR Concho Valley complied with selected state and contractual requirements.

Scope

The audit scope included mental health services at MHMR Concho Valley during the period from September 1, 2021, through August 31, 2022.

However, MHMR Concho Valley did not:

- Conduct or update financial assessments (a) during the audit scope for 9 of 44 individuals and (b) within required time frames for 12 of 44 individuals.
- Have a recovery plan in effect before providing routine care services for 3 of 68 mental health assessments.
- Include all required elements on 5 of 68 recovery plans.
- Obtain a signature from the individual receiving services on 19 of 68 recovery plans.
- Cite an allowable reason as justification for deviating 2 of 16 individuals to a lower level of care.
- Document the information it provided to 10 of 12 individuals it deviated to a lower level of care.

What Prompted This Audit

At least once every five years, OIG must conduct a performance audit of each LMHA and local behavioral health authority (LBHA) in Texas.¹

Additionally, MHMR Concho Valley did not document its waitlist determination dates for 2 of 19 individuals it added to the Inpatient Care Waitlist.

OIG Audit offered recommendations to MHMR Concho Valley, which, if implemented, will improve compliance with applicable requirements.

The “Detailed Audit Results” section of this report presents additional information about the audit results and is considered written education in accordance with Texas Administrative Code.² In addition, other audit issues identified in this report may be subject to liquidated damages or OIG administrative enforcement measures,³ including administrative penalties.⁴ OIG Audit communicated other,

¹ Tex. Gov. Code § 531.1025(c) (Sept. 1, 2023).

² 1 Tex. Admin. Code § 371.1701 (May 1, 2016).

³ 1 Tex. Admin. Code § 371.1603 (May 20, 2020).

⁴ Tex. Hum. Res. Code § 32.039 (Apr. 2, 2015).

less significant issues to MHMR Concho Valley in a separate written communication.

OIG Audit presented preliminary audit results, issues, and recommendations to MHMR Concho Valley in a draft report dated July 25, 2024. MHMR Concho Valley agreed with the audit recommendations and indicated corrective actions would be implemented by September 2024. MHMR Concho Valley's management responses are included in the report following each recommendation.

OIG Audit recognizes the unique challenges that MHMR Concho Valley faced as a result of the COVID-19 public health emergency, which occurred during the audit scope period. During the COVID-19 public health emergency, the selected state and contractual requirements relevant to this audit remained in effect. OIG Audit thanks management and staff at MHMR Concho Valley for their cooperation and assistance during this audit.

Key Program Data

To deliver mental health services in Texas, the Texas Health and Human Services Commission (HHSC) contracts with 37 LMHAs and two local behavioral health authorities (LBHAs).⁷ Each LMHA:

- Supports mental health services through planning, policy development, coordination, and resource allocation and development.
- Provides adults and children with assessment, crisis, intensive, and comprehensive services in a clinically appropriate manner.
- Incorporates jail diversion strategies to reduce involvement of the criminal justice system.

MHMR Concho Valley is the LMHA for seven Texas counties: Coke, Concho, Crockett, Irion, Reagan, Sterling, and Tom Green.⁸

Service Delivery Process

LMHAs conduct screenings as needed⁹ for individuals seeking mental health services to gather information to determine whether the individual needs crisis¹⁰ or routine mental health services.¹¹ Once an LMHA identifies an individual's needs, it performs a standardized mental health assessment to measure those

State Fiscal Year 2022

HHSC paid MHMR Concho Valley \$6.8 million for mental health programs and services delivered during state fiscal year 2022, which covered the period from September 1, 2021, through August 31, 2022.⁵ Of the \$6.8 million, \$5.6 million was associated with the LMHA performance contract between HHSC and MHMR Concho Valley.

During state fiscal year 2022, MHMR Concho Valley reported 17,191 mental health encounters for 2,237 individuals to HHSC.⁶

⁵ Appendix D provides additional details about the state and federal funding MHMR Concho Valley received from HHSC.

⁶ Encounters are detailed records about individual services delivered. The data was submitted to HHSC by the LMHA.

⁷ LBHAs deliver mental health and chemical dependency services in Texas.

⁸ Appendix C provides additional details about the service areas covered by MHMR Concho Valley.

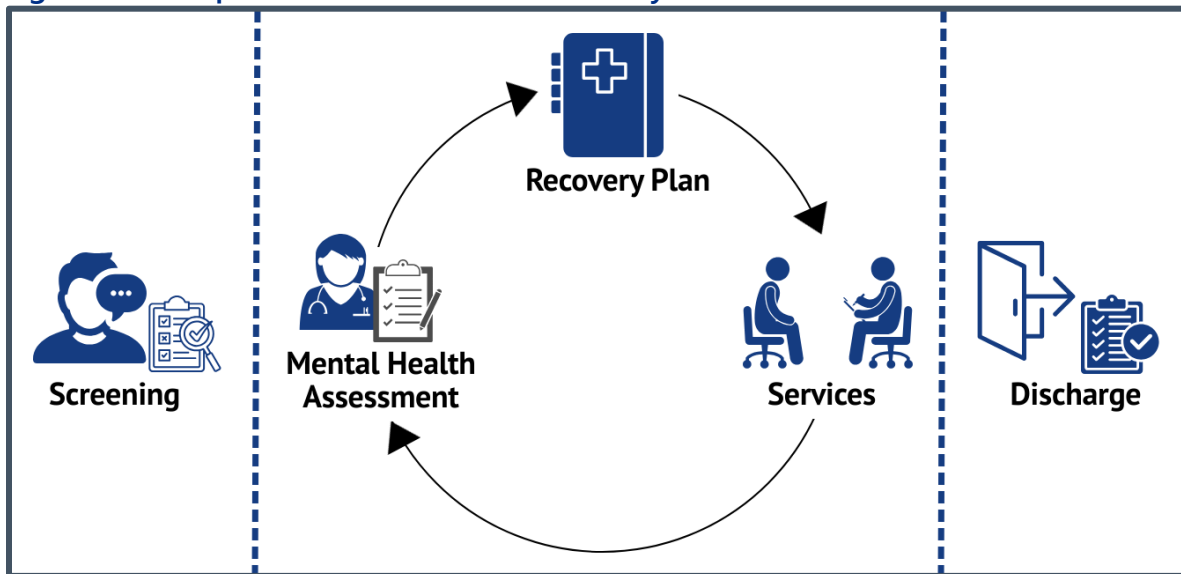
⁹ LMHAs predominantly conduct screenings for individuals in crisis or who contact the LMHA through its crisis hotline.

¹⁰ Crisis services may include either emergency or urgent care services.

¹¹ Individuals primarily seek mental health services from MHMR Concho Valley through phone calls, scheduled in-person visits, and referrals.

needs and recommend a level of care under the Texas Resiliency and Recovery model.¹² In this model, providers apply utilization management guidelines¹³ to determine the authorized level of care for the individual, which may differ from the level of care recommended by the assessment. LMHAs complete a written recovery plan based on the mental health assessment, which outlines services and supports.¹⁴ LMHAs then provide services to the individual according to the recovery plan or as medically necessary for crisis services. Based on the authorized level of care, LMHAs reassess the individual and review the recovery plan as needed or within specific time frames depending on the level of care. Discharge from services may be planned or unplanned depending on the circumstances surrounding the individual. Figure 1 illustrates the major components of the service delivery process for individuals seeking mental health services at LMHAs.

Figure 1: Components of the Service Delivery Process at LMHAs



Source: OIG Audit

¹² The Texas Resiliency and Recovery model describes the service delivery system in Texas for community mental health services. This model promotes early intervention, a person-centered approach to mental health treatment, recovery from psychiatric disorders, and resilience from severe emotional disturbances.

¹³ The utilization management guidelines aim to ensure delivery of mental health services are properly tailored to each individual’s needs and strengths while utilizing limited available resources.

¹⁴ This report uses the term “recovery plan” to refer to the written plan—for either crisis or routine care services—that is sometimes also referred to as a treatment plan, person-centered treatment planning, or family-centered treatment planning.

Auditing Standards

Generally Accepted Government Auditing Standards

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Detailed Audit Results

As detailed in Table 1, OIG Audit reviewed three complete populations and pulled one sample from a population with service dates during the period from September 1, 2021, through August 31, 2022. Appendix B provides additional details about these populations and this sample.

Table 1: Populations and Sample Reviewed by OIG Audit

Category	Type	Demographics	Items Reviewed
Screenings and mental health assessments for individuals in crisis	Sample	Adults and children	59
Screenings, mental health assessments, financial assessments, recovery plan completion, and service notes for individuals authorized for routine care services	Complete population for LOC-3, LOC-4, and LOC-5 ¹⁵	Adults	80
Level of care deviations	Complete population deviated from LOC-3 or LOC-4 to LOC-1S or LOC-2	Adults	16
Inpatient Care Waitlist ¹⁶	Complete population	Adults and children	19

Source: OIG Audit

The following sections of this report provide detail about the results of testing identified by OIG Audit.

¹⁵ OIG Audit limited service note testing to LOC-3 and LOC-4.

¹⁶ For the Inpatient Care Waitlist population, OIG Audit considered an individual to have a service date during the audit scope if the individual was present on this waitlist during the period from September 1, 2021, through August 31, 2022.

Screenings and Assessments

Screenings gather information to determine the need for a mental health assessment, which recommends a level of care under the Texas Resiliency and Recovery model.

Screenings

LMHAs must be available at all times to perform immediate screenings and mental health assessments of individuals in crisis who (a) present or believe they present an immediate danger to self or others or (b) are at risk or believe they are at risk of serious deterioration of their mental or physical health. LMHAs determine each individual's need from the screening and must subsequently complete a mental health assessment for each individual within the time frames detailed in Table 2.

Table 2: LMHA Mental Health Assessment Time Frame Requirements

Individual's Need	Description	Assessment Completion Time Requirements
Emergency care services	Services to address the immediate needs of individuals in crisis and assure safety for each individual and others who may be placed at risk by the individual's behaviors.	One hour
Urgent care services	Services for individuals in crisis who do not need emergency care services but are potentially at risk of serious deterioration.	8 hours
Routine care services	Services for individuals who are not in crisis.	14 days

Source: OIG Audit, based on 26 Tex. Admin. Code §§ 301.303, 301.327, and 301.351 (Mar. 15, 2020)

MHMR Concho Valley uses a crisis hotline to screen individuals and determine whether each individual needs emergency, urgent, or routine mental health services. For emergency or urgent care services, hotline staff then notify MHMR Concho Valley's mobile crisis outreach team, which conducts an in-person mental health assessment with each individual.

Assessments

Mental Health Assessments for Routine Care Services

LMHAs may perform mental health assessments in-person or through telemedicine or telehealth.¹⁷ LMHAs must document routine care services mental health assessments and are required to include the (a) assessment date and (b) signature and credentials of the qualified LMHA staff member who performed the assessment.¹⁸

The Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services (TRRUMG) details levels of care, five of which were relevant to this report. LMHAs recommend a level of care based on the mental health assessment and must authorize the level of care prior to delivering services for individuals in these five levels of care. Each authorization is valid for a maximum authorization time period before the issuing LMHA must complete a new mental health assessment, and the LMHA must authorize continuation of services for the associated individual. In some circumstances, the authorized level of care may deviate from the recommended level of care. Table 3 on the following page outlines the services provided by the five levels of care relevant to this report.

¹⁷ Telemedicine is a medical service delivered by a physician or a health care professional under delegation and supervision of a physician. Telehealth is a health service that is (a) separate from a telemedicine medical service or teledentistry service and (b) delivered by a health care professional, who is not a physician or under supervision of a physician, acting within the scope of the health care professional's license, certification, or entitlement.

¹⁸ 26 Tex. Admin. Code § 301.353(a) (Mar. 15, 2020).

Table 3: Services for Adult Levels of Care Relevant to This Report

Level of Care	Category	Description	Maximum Authorization Period
Level of care 1S (LOC-1S)	Basic services (Skills training)	Skills training for individuals that present very little risk of harm and do not require more intensive levels of care.	180 days
Level of care 2 (LOC-2)	Basic services, including counseling	Basic services and counseling for individuals that have symptoms of major depressive disorder who present very little risk of harm, have supports, do not require more intensive levels of care, and can benefit from psychotherapy.	180 days
Level of care 3 (LOC-3)	Intensive services with team approach	Intensive services with a team approach for individuals who require intensive rehabilitation to function effectively in their social environment.	180 days
Level of care 4 (LOC-4)	Assertive community treatment	Treatment, rehabilitation, and support services for individuals that may have a serious mental illness and have experienced multiple psychiatric hospital admissions.	180 days
Level of care 5 (LOC-5)	Transitional services	Transitional services that assist individuals in maintaining stability, preventing further crisis, and engaging into the appropriate level of care or community-based services.	90 days

Source: OIG Audit, based on the Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services (Apr. 2017)

Financial Assessments

Each LMHA must maximize its financial resources by utilizing funds outside of its performance contract whenever possible, with the state of Texas as the payer of last resort.^{19,20} To determine whether each individual is able to pay for services, LMHAs must (a) conduct a financial assessment within the first 30 days of services and (b) update the financial assessment at least annually and whenever a significant financial change occurs as long as the individual continues to receive

¹⁹ HHSC Contract #HHS001022200025, Attachment A01, §§ I(B)(3)(f) and I(C)(3)(g) (Sept. 1, 2021, as amended).

²⁰ 25 Tex. Admin. Code § 412.104(5) (Sept. 15, 2005).

services.²¹ Upon completion of each financial assessment, LMHAs must (a) obtain the individual's signature or document the conversation with the individual and (b) provide a copy of the signed assessment to the individual.^{22,23}

²¹ 25 Tex. Admin. Code § 412.106(a) (Sept. 15, 2005).

²² 25 Tex. Admin. Code § 412.106(e)(2) (Sept. 15, 2005).

²³ Per the COVID-19 Behavioral Health Services Providers Frequently Asked Questions, "Contracts" and "Telemedicine and Telehealth Services" (Sept. 3, 2021, as amended), during the COVID-19 public health emergency, HHSC allowed verbal consent for mental health services if circumstances did not allow for written signatures to be obtained. If verbal consent was obtained, the provider must document the conversation with the individual, clearly identify how notification and consent were obtained, and include the date and names of the individuals involved in the actions taken.

Chapter 1.1: MHMR Concho Valley Complied with Certain Mental Health Assessment Requirements

MHMR Concho Valley conducted mental health assessments timely and included all required elements selected for testing.

Mental Health Assessment Timeliness

For the 139 mental health assessments tested, 66 had associated screenings performed.²⁴ Specifically:

- 9 had associated screenings that identified needs for emergency care services.
- 50 had associated screenings that identified needs for urgent care services.
- 7 had associated screenings that identified needs for routine care services.

As shown in Table 4, for the 66 screenings, MHMR Concho Valley completed required mental health assessments timely.

Table 4: MHMR Concho Valley’s Mental Health Assessment Times

Classification	Number of Assessments	Assessment Completion Time Requirements	Average Assessment Completion Time	Longest Assessment Completion Time
Emergency care	9	1 hour	27 minutes	57 minutes
Urgent care	50	8 hours	32 minutes	145 minutes
Routine care	7	14 days	1 day	6 days
Overall	66			

Source: OIG Audit

Mental Health Assessment Completeness

MHMR Concho Valley documented each of the 80 mental health assessments for routine care services and included the (a) assessment date and (b) signature and credentials of the qualified LMHA staff member who performed the assessment.

²⁴ Per 26 Tex. Admin. Code § 301.351 (Mar. 15, 2020), LHMA’s must perform immediate screenings and assessments for individuals in crisis. The 73 remaining mental health assessments were for individuals that were not in crisis; therefore, MHMR Concho Valley was not required to conduct a screening in these instances.

Chapter 1.2: MHMR Concho Valley Did Not Comply with Some Financial Assessment Requirements

The 74 mental health assessments tested were associated with 44 individuals.²⁵ For 23 individuals, MHMR Concho Valley completed the financial assessment timely and obtained the individual's signature on the financial assessment. However, MHMR Concho Valley did not conduct or update financial assessments as required for the remaining 21 (47.7 percent) individuals. Specifically:

- For 9 individuals, MHMR Concho Valley did not conduct or update a financial assessment during the audit scope.
- For the remaining 12 individuals, MHMR Concho Valley did not conduct or update the financial assessment within the required time frames.

During the audit scope, MHMR Concho Valley did not have an effective process in place to conduct and update financial assessments. When an LMHA does not conduct and update financial assessments as required, it may use the performance contract funds instead of other available funding sources.

Recommendation 1

MHMR Concho Valley should strengthen its processes for conducting and updating financial assessments as required.

Management Response

Action Plan

During state fiscal year 2022 (September 1, 2021, through August 31, 2022), the MHMR Concho Valley financial department experienced significant staff turnover that directly influenced the completion and updating of patient financial assessments. At present, not only is this department fully staffed and employees have received enhanced training, but a supervisor has been added to the department. MHMR Concho Valley has strengthened its processes for

²⁵ For six mental health assessments tested for six individuals, MHMR Concho Valley did not have the opportunity to obtain necessary documentation for a financial assessment due to the individual's extenuating circumstances; therefore, OIG Audit excluded these individuals for financial assessment testing.

conducting and updating financial assessments as follows. Revised internal processes in the financial department have been implemented that identify any patient financial records that need to be updated prior to being out of compliance. Clinic operations have been improved to include direct and ongoing communication between the patient accounts representatives from the financial department and clinic reception staff in order to detect patients expected at daily appointments who need a financial assessment update or completion. This identification and communication process promotes the financial assessment being completed while the patient is in the office and will support obtaining required patient signatures on documents in real time. This process of financial assessment compliance identification and subsequent enhanced staff communication will be reflected in greater detail in MHMR Concho Valley formal procedures.

Responsible Managers

Patient Account/Benefits Supervisor
Mental Health Reception Supervisor

Target Implementation Date

May 1, 2024

Recovery Plans

Recovery plans for routine care services²⁶ outline services and supports for individuals who are not in crisis and must include information about each treatment type. Before providing services to each qualifying individual, LMHAs must have a recovery plan that is developed in collaboration with the individual and, if applicable, the individual's authorized representative.^{27,28}

LMHAs review existing recovery plans as needed²⁹ or within specific time frames depending on the level of care. Specifically, (a) for adults in LOC-3 and LOC-4, LMHAs must review each recovery plan within its 180-day effective period and (b) for adults in LOC-5, LMHAs must review each recovery plan within its 90-day effective period.³⁰

For each individual, the recovery plan must describe:

- Duration, frequency, and units of authorized services to be provided.
- Goals and objectives that address the individual's unique needs.³¹
- Strategies to be implemented in providing the services and achieving goals.³²

²⁶ OIG Audit did not review crisis-specific recovery plans as part of this audit.

²⁷ 26 Tex. Admin. Code § 301.353(d)(1) (Mar. 15, 2020).

²⁸ To document this collaboration, MHMR Concho Valley established policies and procedures requiring that recovery plans be signed by the individual or their authorized representative.

²⁹ 26 Tex. Admin. Code § 301.353(f) (Mar. 15, 2020).

³⁰ Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services, Texas Health and Human Services Commission (Apr. 2017).

³¹ For each need, MHMR Concho Valley identifies whether it will be addressed on the recovery plan or deferred. Since MHMR Concho Valley develops each recovery plan in collaboration with the individual, a need may be deferred if the individual chooses to focus on either a specific need or other needs first.

³² 26 Tex. Admin. Code § 301.353(e)(1)–(2) (Mar. 15, 2020).

Chapter 2: MHMR Concho Valley Did Not Comply with Some Recovery Plan Requirements

MHMR Concho Valley did not comply with some recovery plan requirements tested. Additionally, while MHMR Concho Valley included most required elements in the recovery plans it developed, it did not obtain all required signatures.

Recovery Plan Development

While MHMR Concho Valley developed recovery plans for all 68 mental health assessments tested,³³ it did not follow its processes for recovery plans for 3 (4.4 percent) mental health assessments. Specifically, MHMR Concho Valley provided routine care services during periods when no recovery plan was in effect for the three mental health assessments.

When an LMHA provides services without a recovery plan in effect, it may not deliver necessary services and supports.

Recovery Plan Completeness

Required Elements

For 63 of 68 (92.6 percent) developed recovery plans tested, qualified MHMR Concho Valley staff members:

- Signed the plan.
- Listed credentials.
- Described strategies for implementing the listed services and achieving the listed goals.
- Included the duration, frequency, and units of listed services.
- Documented how the goals and objectives would address the listed needs.

³³ For 12 mental health assessments tested, MHMR Concho Valley did not have the opportunity to collaborate with the individual in the development of a recovery plan due to extenuating circumstances; therefore, OIG Audit excluded these 12 mental health assessments for recovery plan testing.

However, on five recovery plans, MHMR Concho Valley did not include all required elements. Specifically, MHMR Concho Valley did not:

- For three recovery plans, include the duration of services.
- For two additional recovery plans, include associated goals and objectives to address each listed need.

While MHMR Concho Valley's recovery plan template was designed to include documentation of all required elements, its processes did not verify that it documented all required elements. When LMHAs do not have recovery plans that include the duration of services or associated goals and objectives to address each listed need, individuals may experience unaddressed needs.

Individual Signatures

MHMR Concho Valley did not obtain individual signatures on 19 of 68 (27.9 percent) recovery plans as required by its policies and procedures. MHMR Concho Valley established policies and procedures that required its staff members to obtain the individual's signature on each recovery plan to document collaboration with the individual when developing these plans; however, MHMR Concho Valley did not follow its processes for obtaining and documenting individual signatures on its recovery plans. When an LMHA does not obtain individual signatures, the LMHA may not be able to support that it developed recovery plans in collaboration with the individual.

Recommendation 2

MHMR Concho Valley should:

- A. Develop recovery plans before providing routine care services.
- B. Document all required elements.
- C. Obtain individual's signatures.

Management Response

Action Plan

- A. Three recovery plans out of 68 is a low number; however, refresher training on recovery plan processes, i.e., development of recovery plans before the

provision of routine care services, will be provided to staff who complete these plans. This training will reiterate the importance of this action.

- B. MHMR Concho Valley will endeavor to document all recovery plan elements. One way in which MHMR Concho Valley will do this is by utilizing features available via the electronic health record. Prompts to document all required elements in a recovery plan is an attribute contained in MHMR Concho Valley's new electronic health record. The electronic health record is designed to retrieve information from a patient's Adult Needs and Strengths Assessment or Child and Adolescent Needs and Strengths Assessment for inclusion in the recovery plan. This aspect allows clinicians to work more efficiently during collaboration with the patient to address the assessed needs and strengths. Based on person-centered collaboration with the patient, some of the needs and strengths may be deferred. Although this area has very few findings (5), it is included in this action plan for improvement.
- C. MHMR Concho Valley is committed to consistently obtaining individual's signatures on recovery plans. In order to successfully do so, MHMR Concho Valley is in the process of ordering compatible electronic signature pads for all providers that complete recovery plans. This action will allow patient signatures to be obtained immediately at the time a document is created versus printing a hard copy for signature at a later time. MHMR Concho Valley IT staff will install the new signature pads within 30 days of receipt. An approximate date of September 30, 2024, is included in the target implementation date section. Finally, an in-service for staff that complete recovery plans with patients has been conducted to address the importance of individual's signatures.

Responsible Manager

Chief of Behavioral Health Services

Target Implementation Date

September 30, 2024

Level of Care Deviations

LMHAs must follow TRRUMG requirements to determine the most appropriate course of treatment for each individual.^{34,35} As detailed in Table 5, TRRUMG allows LMHAs to authorize a level of care other than the recommended level of care for five reasons; however, some reasons are unallowable when deviating between certain levels of care.³⁶

Table 5: Allowable Reasons for Adult Level of Care Deviations

Deviation Reason	Requirements
Clinical need	<ul style="list-style-type: none"> The individual has a clinical need for a more or less intensive level of care than the level of care recommended. The LMHA's justification for the deviation must be documented in the medical record.
Continuity of care	<ul style="list-style-type: none"> The LMHA identifies a need to authorize a level of care that is different from the level of care recommended in order to maintain continuity of care for the individual. The LMHA's justification for the deviation must be documented in the medical record.
Individual refused	<ul style="list-style-type: none"> The LMHA provides the individual with information necessary to make an informed decision and the individual refuses the recommended level of care. The information discussed with the individual, including information necessary to make an informed decision, must be documented in the medical record.
Resource limitations	<ul style="list-style-type: none"> An LMHA staff member determines there are not enough resources to offer services at the recommended level of care.
Other	<ul style="list-style-type: none"> None of the other allowable reasons accurately describe the reason for deviation. The LMHA's justification for the deviation must be documented in the medical record.

Source: OIG Audit, based on the Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services, § XI, Texas Health and Human Services Commission (Apr. 2017)

³⁴ 26 Tex. Admin. Code § 301.305(b) (Mar. 15, 2020).

³⁵ Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services, "Introduction," Texas Health and Human Services Commission (Apr. 2017).

³⁶ Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services, § XI, Texas Health and Human Services Commission (Apr. 2017).

Table 6 details which of the deviation reasons from Table 5 are allowable for deviating from LOC-3 or LOC-4 to LOC-1S or LOC-2.

Table 6: Allowable Deviation Reasons for Adult Levels of Care Relevant to Chapter 3

Level of Care	Deviation Reason(s)
LOC-3	<ul style="list-style-type: none"> • May deviate into LOC-1S due to resource limitations, clinical need, or individual refused. • May deviate into LOC-2 due to clinical need.
LOC-4	<ul style="list-style-type: none"> • May deviate into LOC-1S due to resource limitations, clinical need, or individual refused. • May deviate into LOC-2 due to clinical need or resource limitations.

Source: OIG Audit, based on the Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services, § XI, Texas Health and Human Services Commission (Apr. 2017)

Chapter 3: MHMR Concho Valley Did Not Follow Some Level of Care Deviation Requirements

MHMR Concho Valley authorized deviations in levels of care for 16 individuals recommended for either LOC-3 or LOC-4.

Deviation Reason Allowability

For 2 of the 16 (12.5 percent) individuals deviated, MHMR Concho Valley cited an unallowable reason—individual refused—as justification for reducing each individual’s level of care from LOC-3 to LOC-2. LMHAs must cite clinical need as justification when deviating from LOC-3 to LOC-2.

MHMR Concho Valley staff reviewed and authorized each mental health assessment but did not identify these errors. Reducing an individual’s level of care limits the services received, and individuals deviated into a lower level of care without allowable justification may have some unmet needs.

Deviation Reason Documentation

For the remaining 14 individuals with deviated levels of care, MHMR Concho Valley cited individual refusal as the deviation reason for 12 individuals.³⁷ For 10 of the 12 (83.3 percent) individuals, MHMR Concho Valley did not document the information it provided to each individual. When citing individual refusal as justification for reducing an individual’s level of care, LMHAs must (a) provide the individual with information necessary to make an informed decision about mental health services and (b) document the information discussed in the individual’s medical record.

If medical records do not include confirmation that each applicable individual received necessary information to make an informed decision, there is a risk these individuals are unaware of necessary mental health services in their recommended levels of care and potential outcomes associated with refusal of the recommended services. MHMR Concho Valley did not have a process in place

³⁷ For 2 of the 14 individual deviations tested, MHMR Concho Valley cited clinical need as the deviation reason.

to document the information it discussed with each individual in the individual's medical record.

Recommendation 3

MHMR Concho Valley should:

- A. Follow TRRUMG requirements to review and authorize level of care deviations.
- B. Discuss necessary information for each individual to make an informed decision and document the discussion.

Management Response

Action Plan

In order to promptly address this important issue, MHMR Concho Valley did not hesitate to initiate remedies related to this finding. During an in-service meeting with the staff that complete Texas Resilience and Recovery assessments that recommend levels of care, it was learned that the engagement efforts being completed by staff that allow each patient to make an informed decision were not being recorded in electronic health record documentation. Instructions resulting from this in-service meeting included the need for staff to capture the engagement efforts in the electronic health record that evidence that a patient was presented with the necessary information to make an informed decision about their level of care recommended.

Additionally, the Chief of Behavioral Health Services conducted an in-service with the staff responsible for the authorization of Texas Resilience and Recovery assessments. Authorizers were advised that if an improper rationale is documented to request deviation from a recommended level of care, or if documentation was lacking that evidenced engagement with the patient that includes necessary information for them to make an informed decision prior to being authorized to a lower level of care recommended, they should reject the authorization and send the information back to the original assessor for immediate and corrective action. These remedies should resolve issues regarding TRRUMG requirements to review and authorize level of care deviations and the need for each individual to be offered information about the level of care they are choosing not to accept.

Responsible Managers

Chief of Behavioral Health Services
Utilization Management Authorizer of Texas Resilience and Recovery
Assessments

Target Implementation Date

July 19, 2024

The Inpatient Care Waitlist

The Inpatient Care Waitlist is a centralized electronic record of individuals waiting for inpatient mental health services in Texas.³⁸ HHSC uses this waitlist to add, update, and monitor the needs of individuals with non-forensic commitments³⁹ who require an inpatient level of care.

When an LMHA determines that an individual is experiencing an acute behavioral health crisis and requires inpatient mental health services, the LMHA must add that individual to this waitlist within one business day if there are no psychiatric beds available in a contracted local private psychiatric hospital or the LMHA's designated state hospital.⁴⁰

³⁸ Appendix E provides more information about HHSC's waitlists.

³⁹ Non-forensic commitments apply to individuals that do not meet the criteria for forensic commitments, which apply to individuals found incompetent to stand trial or acquitted not guilty by reason of insanity. HHSC maintains separate waitlists for individuals on forensic commitments waiting for inpatient services.

⁴⁰ HHSC Contract #HHS001022200025, Attachment A01, § I(A)(5)(m) (Sept. 1, 2021, as amended).

Chapter 4: MHMR Concho Valley Had Support for Waitlist Determination Dates with Two Exceptions

MHMR Concho Valley added 17 of 19 (89.5 percent) individuals to the Inpatient Care Waitlist within one business day as required by the performance contract; however, MHMR Concho Valley did not document its waitlist determination dates for the remaining two individuals, who each required inpatient mental health services not available locally. Since MHMR Concho Valley did not document its determination dates for these two individuals, OIG Audit could not determine whether MHMR Concho Valley added the individuals to the Inpatient Care Waitlist within one business day, as required by the performance contract.

While MHMR Concho Valley had a process for adding individuals to the Inpatient Care Waitlist, this process did not include documenting its waitlist determination dates. As a result, MHMR Concho Valley could not provide OIG Audit with support for the dates it made waitlist determinations for the two individuals. When LMHAs do not add an individual to the Inpatient Care Waitlist within one business day, it may increase the individual's waiting time to receive necessary care in a setting that meets their needs.

Recommendation 4

MHMR Concho Valley should revise its processes to include documenting its waitlist determination dates.

Management Response

Action Plan

Since two of the nineteen cases reviewed did not include evidence of the documentation of determination dates, an action step has occurred to resolve this issue. As an additional step in the Clinical Management and Behavioral Health Services system (CMBHS), a requirement to document the date and time of the determination date will be required so that it will be clear that the inclusion to the Inpatient Care Waitlist in CMBHS was captured within the required timeframe of one business day. In addition, this action plan will be reflected in MHMR Concho Valley formal procedures to further explain the processes that will address this audit finding.



Responsible Managers

Chief of Behavioral Health Services
Mental Health Continuity of Care Liaison

Target Implementation Date

September 1, 2024

Appendix A: Objective, Scope, and Criteria

Objective and Scope

The audit objective was to determine whether MHMR Concho Valley complied with selected state and contractual requirements.

The audit scope included mental health services at MHMR Concho Valley during the period from September 1, 2021, through August 31, 2022.

Criteria

OIG Audit used the following criteria to evaluate the information provided:

- 25 Tex. Admin. Code § 412.106 (2005)
- 26 Tex. Admin. Code §§ 301.301, 301.303, 301.305, 301.327, 301.335, 301.351, 301.353, 301.361 (2020)
- HHSC Contract #HHS001022200025 (2021, as amended)
- Texas Resilience and Recovery Utilization Management Guidelines: Adult Mental Health Services (2017)
- COVID-19 Behavioral Health Services Providers Frequently Asked Questions (2021, as amended)
- MHMR Concho Valley Behavioral Health Services Operations Manual (2021, as amended)

Appendix B: Detailed Methodology

Audit standards require audit staff to obtain an understanding of the subject matter prior to starting the audit. MHMR Concho Valley was generous with its time and staff to help OIG Audit obtain this knowledge.

OIG Audit issued an engagement letter to MHMR Concho Valley on February 27, 2024, providing information about the upcoming audit, and conducted fieldwork from February 29, 2024, through June 24, 2024.

OIG Audit reviewed MHMR Concho Valley's system of internal controls, including components of internal control,⁴¹ within the context of the audit objectives by:

- Interviewing MHMR Concho Valley personnel with oversight responsibilities.
- Reviewing relevant documentation, such as policies, procedures, and medical records.
- Examining relevant HHSC databases.
- Performing selected tests of the relevant documentation.

Data Reliability

OIG Audit assessed the reliability of data provided by HHSC and MHMR Concho Valley by reviewing query language, tracing data to supporting documentation, and interviewing relevant HHSC and MHMR Concho Valley personnel knowledgeable about the systems and data. OIG Audit determined that the data was sufficiently reliable for the purpose of this audit.

Testing and Sampling Methodology

OIG Audit collected information for this audit through interviews and electronic communications with MHMR Concho Valley management and staff. For this audit, OIG Audit tested one sample and three complete populations with service dates during the period from September 1, 2021, through August 31, 2022.

⁴¹ For more information on the components of internal control, see the United States Government Accountability Office's *Standards for Internal Control in the Federal Government* (Sept. 2014), <https://www.gao.gov/assets/gao-14-704g.pdf> (accessed Apr. 16, 2021).

Sample

To assess MHMR Concho Valley's compliance with crisis response requirements, OIG statisticians and OIG Audit selected a risk-based sample of 59 mental health assessments for adults and children that MHMR Concho Valley conducted during the audit scope. OIG Audit selected this sample design based on analysis conducted during the audit. The sample items were not necessarily representative of the crisis assessment population; therefore, it would not be appropriate to project the test results to the population.

Populations

OIG Audit did not use a sampling methodology and instead collected, reviewed, and analyzed the complete population of data and supporting documentation to perform selected tests and other procedures. Specifically, to assess:

- Components of MHMR Concho Valley's mental health assessments, including response requirements for associated screenings; financial assessments; recovery plans; and service notes, OIG Audit reviewed the complete population of 80 mental health assessments for routine care services MHMR Concho Valley completed for individuals who were (a) adults at the time of assessment and (b) authorized in LOC-3, LOC-4, or LOC-5.^{42,43}
- MHMR Concho Valley's level of care deviations, OIG Audit reviewed the complete population of 16 mental health assessments for individuals who were (a) adults at the time of assessment and (b) recommended for LOC-3 or LOC-4 mental health services but authorized into LOC-1S or LOC-2 mental health services.⁴⁴
- MHMR Concho Valley's compliance with Inpatient Care Waitlist requirements, OIG Audit reviewed the complete population of 19 adults and children listed during the audit scope.

⁴² OIG Audit excluded individuals in correctional facilities from the population based on the residence type listed in the mental health assessment.

⁴³ Selected service notes reviewed were limited to the first core service received during the state fiscal year for individuals authorized in LOC-3 or LOC-4 based on the interventions in the developed recovery plan.

⁴⁴ Individuals in LOC-3 and LOC-4 are considered higher risk and receive more intensive services. Specifically, LOC-3 and LOC-4 provide individuals with a full range of rehabilitation services while (a) LOC-1S limits core services to medication and routine case management and (b) LOC-2 limits core services to medication, routine case management, and cognitive behavioral therapy.

Appendix C: MHMR Concho Valley at a Glance

Services Provided

MHMR Concho Valley provides mental health and other services to adults and children through local, state, and federally funded programs. These services include but are not limited to:

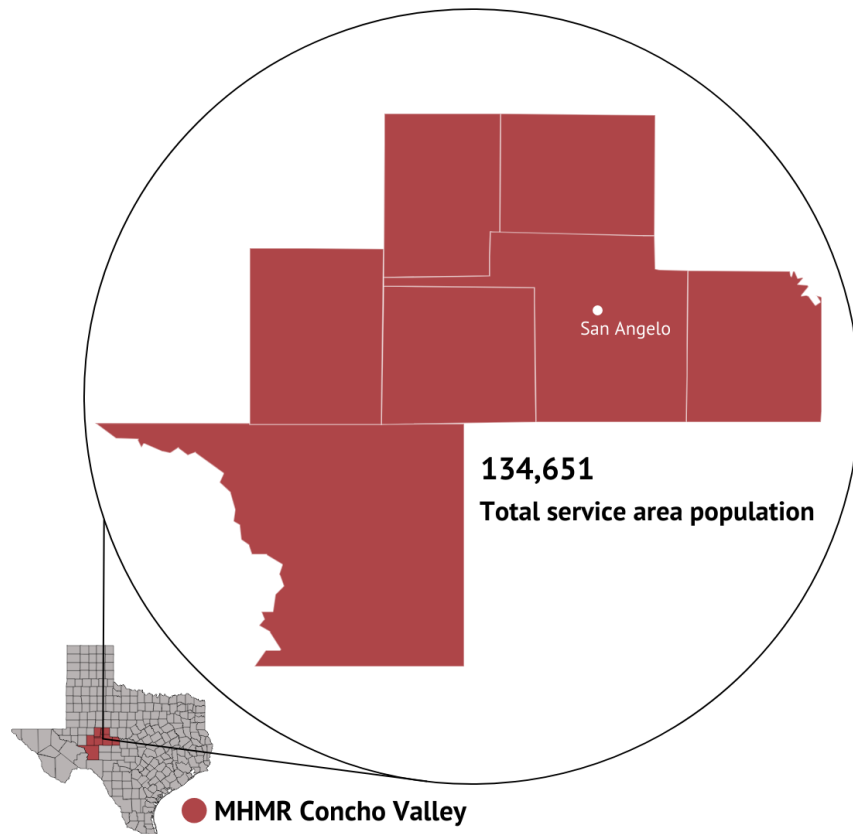
- Behavioral health services
- Crisis services
- Intellectual and developmental disabilities services
- Justice system services⁴⁵
- Substance use services
- Suicide prevention
- Veteran services
- Youth empowerment services⁴⁶

⁴⁵ Justice system services provide options for individuals who are both involved in the criminal justice system and have a mental health diagnosis. MHMR Concho Valley delivers these services through three programs: Veteran Jail Diversion, the Jail-Based Competency Restoration Program, and Texas Correctional Office on Offenders with Medical or Mental Impairments.

⁴⁶ Youth empowerment services help children and youth with serious mental, emotional, and behavioral difficulties to live with their families rather than in out-of-home placements.

As of September 2023, MHMR Concho Valley provided LMHA services in seven Texas counties: Coke, Concho, Crockett, Irion, Reagan, Sterling, and Tom Green. As of July 2023, these counties had an estimated combined population of 134,651 residents.⁴⁷ Figure C.1 illustrates the LMHA service area covered by MHMR Concho Valley.

Figure C.1: LMHA Service Area Covered by MHMR Concho Valley



Source: OIG Audit, compiled from information present on “Find Your Local Mental Health or Behavioral Health Authority,” HHS, <https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority> (accessed Apr. 29, 2024) and U.S. Census Bureau, “Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2023 (CO-EST2023-POP)-Texas,” (Population estimate as of July 1, 2023), <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-counties-total.html> (accessed June 11, 2024)

⁴⁷ U.S. Census Bureau, “Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2023 (CO-EST2023-POP)-Texas,” (Population estimate as of July 1, 2023), <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-counties-total.html> (accessed June 11, 2024).

Appendix D: MHMR Concho Valley Funding

MHMR Concho Valley received \$12,290,835 in state and federal funding from HHSC for programs and services delivered during state fiscal year 2022, which covered the period from September 1, 2021, through August 31, 2022.⁴⁸ Of this amount, \$6,800,668 (55.3 percent) was related to mental health programs and services as detailed in Table D.1.

Table D.1: MHMR Concho Valley’s Mental Health Programs and Services Funding Details⁴⁹

Category	Funding		
	State	Federal	Total
Community mental health services for adults	\$2,389,421	\$578,463	\$2,967,884
Community mental health crisis services	1,969,211	49,006	2,018,217
Community mental health services for children	545,266	174,746	720,012
Community mental health grant programs	588,749	—	588,749
Mental health community hospitals	378,935	—	378,935
Disaster crisis counseling program	—	126,870	126,870
Mental health programs and services total	\$5,871,582	\$929,086	\$6,800,668

Source: OIG Audit

⁴⁸ The funds listed in Appendix D were received by MHMR Concho Valley for state fiscal year 2022 and include transactions through March 7, 2024, that were related to state fiscal year 2022.

⁴⁹ Discrepancy between the individual amounts and the total is due to rounding.

As shown in Table D.2, \$5,624,386 of the \$6,800,668 (82.7 percent) in mental health funding for the period from September 1, 2021, through August 31, 2022, was associated with the LMHA performance contract between HHSC and MHMR Concho Valley.

Table D.2: MHMR Concho Valley's Performance Contract Funding Breakdown⁵⁰

Category	Funding		
	State	Federal	Total
Adult services	\$2,227,228	\$107,383	\$ 2,334,611
Crisis services	1,965,769	—	1,965,769
Children and youth services	419,266	142,223	561,489
Private psychiatric beds	377,914	—	377,914
Outpatient Competency Restoration Program	—	165,000	165,000
Education service center-based non-physician mental health professional	115,000	—	115,000
Mental Health Program for Veterans	70,000	—	70,000
Supportive Housing Rental Assistance Project	—	33,582	33,582
Post-Discharge Medications for Civil Commitments Project	1,021	—	1,021
LMHA performance contract funding total	\$5,176,198	\$448,188	\$5,624,386

Source: OIG Audit

⁵⁰ Discrepancy between the individual amounts and the total is due to rounding.

Table D.3 details MHMR Concho Valley’s remaining \$5,490,167 of \$12,290,835 (44.7 percent) in funding for other programs and services for the period from September 1, 2021, through August 31, 2022.

Table D.3: MHMR Concho Valley’s Other Program and Services Funding Details⁵¹

Category	Funding		
	State	Federal	Total
Home and Community-Based Services	\$ 600,897	\$1,277,016	\$ 1,877,913
Long-term care intake and access	630,613	795,959	1,426,572
Delivery system reform incentive payments	396,509	805,034	1,201,543
Non-Medicaid intellectual and developmental disabilities community services	434,191	—	434,191
Medicaid contracts and administration	—	340,648	340,648
Autism program	102,752	—	102,752
Texas Home Living waiver	26,019	53,645	79,664
Community living assistance and support services	7,323	14,801	22,124
Disability determination services	—	4,410	4,410
Nursing facility payments	350	—	350
Total	\$2,198,653	\$ 3,291,514	\$5,490,167

Source: OIG Audit

⁵¹ Discrepancy between the individual amounts and the total is due to rounding.

Appendix E: HHSC Waitlists

Table E.1 lists HHSC’s five waitlists, which are centralized electronic records of individuals waiting for psychiatric care in Texas.^{52,53}

Table E.1: HHSC Waitlists

Waitlist	Description
Inpatient Forensic: Maximum Security	HHSC manages this waitlist for individuals waiting for a bed within a maximum security unit at a Texas state hospital.
Inpatient Forensic: Non-Maximum Security	HHSC manages this waitlist for individuals waiting for a bed within a non-maximum security unit at a Texas state hospital.
Inpatient Care	HHSC and LMHAs manage this waitlist for individuals waiting for inpatient mental health care through a contracted private psychiatric bed or a Texas state hospital.
Outpatient	LMHAs manage this waitlist for individuals who are waiting for all authorized outpatient mental health services.
Outpatient Underserved	LMHAs manage this waitlist for underserved individuals who were deviated to a lower level of care than recommended due to resource limitations and are waiting for outpatient mental health services.

Source: OIG Audit, based on “Information Item F: ICW Helpful Information/FAQs,” Community Mental Health Contracts, Texas HHS, <https://www.hhs.texas.gov/providers/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts> (accessed April 1, 2024).

⁵² Individuals with pending criminal charges involving serious bodily injury cannot be civilly committed for inpatient or outpatient mental health services and, therefore, cannot be placed on a non-forensic waitlist.

⁵³ During the audit scope, MHMR Concho Valley did not utilize the Outpatient Waitlist.

Appendix F: Summary of Recommendations

Table F.1: Summary of Recommendations to MHMR Concho Valley

No.	Recommendation
1	MHMR Concho Valley should strengthen its processes for conducting and updating financial assessments as required.
2	MHMR Concho Valley should: <ul style="list-style-type: none"> A. Develop recovery plans before providing routine care services. B. Document all required elements. C. Obtain individual's signatures.
3	MHMR Concho Valley should: <ul style="list-style-type: none"> A. Follow TRRUMG requirements to review and authorize level of care deviations. B. Discuss necessary information for each individual to make an informed decision and document the discussion.
4	MHMR Concho Valley should revise its processes to include documenting its waitlist determination dates.

Source: OIG Audit

Appendix G: Related Reports

- Mental Health Targeted Case Management and Mental Health Rehabilitative Services in Managed Care: Local Mental Health Authorities and Local Behavioral Health Authorities in Texas Medicaid, [INS-21-008](#), August 30, 2021
- Documentation of Reductions to Authorized Levels of Care: Local Mental Health Authorities in Texas, [INS-21-005](#), July 28, 2021

Appendix H: Resources for Additional Information

The following resources provide additional information about the topics covered in this report.

For more information on LMHAs and LBHAs in Texas:

"Local Mental and Behavioral Health Authorities," HHSC, <https://www.hhs.texas.gov/providers/behavioral-health-services-providers/local-mental-health-authorities> (accessed June 10, 2024)

For more information on MHMR Concho Valley:

Homepage, MHMR Concho Valley, <https://mhmrvc.org/> (accessed June 10, 2024)

For more information on rural mental health care in Texas through LMHAs and LBHAs:

All Texas Access Report, HHS (Dec. 2023), <https://www.hhs.texas.gov/sites/default/files/documents/all-texas-access-report-dec-2023.pdf> (accessed June 24, 2024)

For more information on LMHA and LBHA performance and outcome measures:

Mental Health and Substance Abuse Public Reporting System, HHS, <https://www.hhs.texas.gov/providers/behavioral-health-services-providers/behavioral-health-provider-resources/mental-health-substance-abuse-public-reporting-system> (accessed June 18, 2024)

For more information on HHSC waitlists for mental health services:

Reporting of Waiting Lists for Mental Health Services, HHS (May 2024), <https://www.hhs.texas.gov/sites/default/files/documents/mhs-waiting-lists-may-2024.pdf> (accessed June 24, 2024)

For more information on non-OIG audit findings for LMHAs and LBHAs in state fiscal year 2022:

Summary of Significant Audit Findings for Local Mental Health Authorities for Fiscal Year 2022, HHS (Dec. 2023), <https://www.hhs.texas.gov/sites/default/files/documents/summary-of-significant-audit-findings-2022.pdf> (accessed June 10, 2024)

Appendix I: Report Team and Distribution

Report Team

OIG staff members who contributed to this audit report include:

- Anton Dutchover, CPA, Deputy Inspector General of Audit and Inspections
- Ryan Belcik, CISA, Audit Director
- Scott Armstrong, CIA, CISA, CGAP, Senior Managing Auditor
- Susan Parker, CPA, Senior Managing Auditor
- Anna Morris, CIGA, Audit Project Manager
- Christine Alexander, Senior Auditor
- TiAnna Riddick, Staff Auditor
- Alicia Appel, Staff Auditor
- Stacie Evans, Staff Auditor
- Erin Grothues, Associate Auditor
- April Ockman, Associate Auditor
- Leia Villaret, CGAP, Quality Assurance Reviewer
- Kimberly Lee, Quality Assurance Reviewer
- Ashley Rains, CPE, CFE, Senior Audit Operations Analyst

Report Distribution

Texas Health and Human Services Commission

- Cecile Erwin Young, Executive Commissioner
- Kate Hendrix, Chief of Staff
- Maurice McCreary, Jr., Chief Operating Officer
- Jordan Dixon, Chief Policy and Regulatory Officer

- Karen Ray, Chief Counsel
- Michelle Alletto, Chief Program and Services Officer
- Nicole Guerrero, Chief Audit Executive
- Trina Ita, Deputy Executive Commissioner, Behavioral Health Services
- Roderick Swan, Associate Commissioner, Behavioral Health Contract Operations
- Jennifer Miller, Director, Behavioral Health Services
- Brenda Brantley, Manager, Chief Program and Services Officer Division

MHMR Concho Valley

- Gregory J. Rowe, Chief Executive Officer
- Eddie Wallace, Chief of Behavioral Health Services
- Melinda McCullough, Chief Operations Officer
- Annette Hernandez, Chief of Administrative Services
- Denise Ortiz, Patient Account and Benefits Supervisor
- Sarah Moreno, Mental Health Reception Supervisor
- Pamela Johnson, Mental Health Continuity of Care Liaison
- MHMR Concho Valley Board of Trustees

Appendix J: OIG Mission, Leadership, and Contact Information

The mission of OIG is to prevent, detect, and deter fraud, waste, and abuse through the audit, investigation, and inspection of federal and state taxpayer dollars used in the provision and delivery of health and human services in Texas. The senior leadership guiding the fulfillment of OIG's mission and statutory responsibility includes:

- Raymond Charles Winter, Inspector General
- Susan Biles, Principal Deputy Inspector General
- Kacy J. VerColen, Chief of Audit and Inspections
- Eugenia Krieg, Chief of Staff, Chief of Policy and Performance
- Erik Cary, Chief Counsel
- Diane Salisbury, Chief of Data Reviews
- Matt Chaplin, Chief of Operations
- Steve Johnson, Chief of Investigations and Utilization Reviews

To Obtain Copies of OIG Reports

- OIG website: ReportTexasFraud.com

To Report Fraud, Waste, and Abuse in Texas HHS Programs

- Online: <https://oig.hhs.texas.gov/report-fraud-waste-or-abuse>
- Phone: 1-800-436-6184

To Contact OIG

- Email: oig.generalinquiries@hhs.texas.gov
- Mail: Texas Health and Human Services
Office of Inspector General
P.O. Box 85200
Austin, Texas 78708-5200
- Phone: 512-491-2000